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## BIB DATA SHEET

CONFIRMATION NO. 7575

| SERIAL NUMBER  | FILING or 371(c)<br>DATE  | CLASS                     | GROUP ART UNIT  | ATTORNEY DOCKET<br>NO.  |  |
|--|---|---------------------------|---|-------------------------|--|
| 10/528,611   | 03/21/2005<br>RULE  | 530<br><del>514</del>     | 1646  | BB1533USPCT             |  |
| <b>APPLICANTS</b><br>Steven Gutteridge, Wilmington, DE;<br>Timothy Caspar, Yorklyn, DE;<br>Daniel Cordova, Hockessin, DE;<br>James J. Rauh, Conowingo, MD;<br>Rejane M. Smith, Elkton, MD;<br>Lihong Wu, Newark, DE;<br>Yong Tao, Newark, DE;                                |   |                           |   |                         |  |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/US03/29834 09/23/2003<br>which claims benefit of 60/412,795 09/23/2002<br>and claims benefit of 60/427,324 11/18/2002  |   |                           |   |                         |  |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                           |   |                         |  |
| <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b>   |   |                           |   |                         |  |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and Acknowledged <u>/RUIXIANG LI/</u><br>Examiner's Signature | <input type="checkbox"/> Met after Allowance<br>Initials  | STATE OR<br>COUNTRY<br>DE | SHEETS<br>DRAWINGS<br>0   | TOTAL<br>CLAIMS<br>5 38 | INDEPENDENT<br>CLAIMS<br>1 <del>15</del> |
| <b>ADDRESS</b><br>E I du Pont de Nemours & Company<br>Legal Patents<br>Wilmington, DE 19898<br>UNITED STATES   |   |                           |   |                         |  |
| <b>TITLE</b><br>RYANODINE RECEPTOR POLYPEPTIDES  |   |                           |   |                         |  |
| <b>FILING FEE<br/>RECEIVED</b><br>4610   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                           | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                         |  |